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Fill in this information	n to identify your case:	
Debtor 1	Eugene F. Hardy, Jr.	_
Debtor 2 (Spouse, if filing)	Mary S. Hardy	_
United States Bankru	uptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
	7-14614	Check if this is:
(If known)		 An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	n 106l	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment								
1.	Fill in your employment information.		Debto	r1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Form I amount of a form	■ Em	ployed	■ Employed			
	attach a separate page with information about additional	Employment status	□ No	t employed	☐ Not employed			
	employers.	Occupation			Phlebotomist			
	Include part-time, seasonal, or self-employed work.	Employer's name			Quest Diagnostics			
Occupation may include student or homemaker, if it applies.		Employer's address	oloyer's address 138 Lilly Road Honey Brook, PA 19344		3301 E. Lincoln Highway Thorndale, PA 19372			
		How long employed th	nere?	2 Years	13 Years			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 0.00 \$ 3,433.10 \$ 0.00 \$ 0.

Official Form 106I Schedule I: Your Income page 1

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btor 1 btor 2	Eugene F. Hardy, Jr. Mary S. Hardy		Case r	number (<i>if known</i>)	17-14614		
			For	Debtor 1	For Debtor		
Co	py line 4 here	4.	\$	0.00	\$3	,433.10	
Lis	t all payroll deductions:						
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	519.87	
5b.	•	5b.	\$	0.00	\$	0.00	
5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	171.14	
5d.		5d.	\$	0.00	\$	226.88	
5e.	Insurance	5e.	\$	0.00	\$	493.09	
5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
5g.	Union dues	5g.	\$	0.00	\$	0.00	
5h.	Other deductions. Specify: Supplemental Life Insurance/AD&D	5h.+	\$	0.00	+ \$	20.22	
	Spouse Life Insurance		\$	0.00	\$	14.99	
	Short Term Disability	_	\$	0.00	\$	7.57	
	ESPP	_	\$	0.00	\$	21.67	
Ad	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$1	,475.43	
Ca	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$1	,957.67	
8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	1,873.55	\$	0.00	
8b.		8b.	\$	0.00	\$	0.00	
8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
8d.		8d.	\$ 	0.00	\$	0.00	
8e.		8e.	\$	0.00	\$	0.00	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
8g.	Pension or retirement income	_ 8g.	\$	0.00	\$	105.54	
8h.	Other monthly income. Specify: Prorated Tax Refund (\$2032/12)	8h.+	\$	169.33	+ \$	0.00	
Ad	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,042.88	\$	105.54	
	Iculate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2	2,042.88 + \$_	2,063.21	= \$	4,106.
Inc oth Do	Ite all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your determined or relatives. In the contribution of th	depen	,	•	,		0.0
Wr	d the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain blies					\$	4,106.
						Combin	ed incom